

**Enter District Name Here**  
**Teacher/Parent Interview: Preschool**

**Date:**

Student's Full Name:		SSID:	
Date of Birth:		Grade:	
School:		Respondent:	
Primary Language:		SLP:	

**Place a check in the appropriate column to rate student performance and return this form to the Speech-Language Pathologist.**

As compared to peers in the same setting:		Always		Sometimes		Never	
		1	2	3	4	5	
1.	Does this student eat, chew, swallow, and suck without drooling or choking?						
2.	Is this student in good health (e.g., does not have frequent colds, ear infections, or congestion)?						
3.	Does this student follow verbal directions?						
4.	Does this student listen to stories?						
5.	Does this student seem to understand what is said?						
6.	Does this student seem to remember what is said?						
7.	Does this student know his/her first and last names?						
8.	Can this student identify common body parts and some objects (e.g., touch your nose)?						
9.	Does this student look at books?						
10.	Does this student appear to learn new words every week?						
11.	Does this student participate in pretend play or imitate adult activities (i.e., cooking, mowing lawn)?						
12.	Does this student appear to enjoy talking?						
13.	Does this student's speech include the use of many different speech sounds?						
14.	Does this student use words to communicate?						
15.	Does this student use words with more than one syllable (i.e., jacket, apple, banana)?						
16.	Does this student communicate with other children?						
17.	Can this student name common body parts and some objects?						
18.	Can this student answer questions?						
19.	Does this student seem to use longer sentences every month?						
20.	Does this student use sentences appropriate for his/her age?						
21.	Does this student ask for things without pointing or using gestures?						
22.	Does this student ask simple questions?						
23.	Does this student answer simple questions?						
24.	Does this student take turns when talking?						

